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A note as to the use of
oxalic acid x x x x x



**A NOTE AS TO THE USE OF OXALIC ACID
AS AN EMMENAGOGUE.**

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THE use of oxalic acid in the treatment of amenorrhea was first suggested by Dr. F. Paulet, and afterward introduced into American literature by Dr. A. W. Marsh in an article in the *Therapeutic Gazette*, March, 1891. It is recommended that the drug be administered in half-grain doses, repeated every four hours, and it is described as a safe and efficient emmenagogue.

During the past twelve months I have used it with very gratifying results in a series of cases of amenorrhea presenting themselves for treatment at the Polyclinic and at the Pennsylvania Hospital. While I value oxalic acid as an emmenagogue, I cannot entirely subscribe to the conclusions drawn by Dr. Bloom in his article in THE MEDICAL NEWS of October 14, 1893. While an efficient emmenagogue and a capable abortifacient, oxalic acid is not to be regarded as a perfectly safe drug. I have in the last month met with a case in which toxic symptoms followed the ingestion of three doses of half a grain each repeated at about four-hour intervals. The patient was an anemic girl, twenty-two years of age, who gave a history of scanty menstruation and a complete cessation of her periods for three months. The uterus was not enlarged nor were there any of the signs of pregnancy. She was placed upon oxalic acid in half-grain doses, which she was directed



to take after meals, largely diluted with water. After the third dose she was seized with vomiting, pain in the epigastrium, and became completely prostrated. The pulse was weak and rapid, and the extremities cold. She was placed in bed, external heat was applied, and the symptoms of collapse were soon overcome. She then complained of cramp-like pain in the hypogastrium and back. These symptoms were followed by an eruption upon the arms, trunk, and legs, resembling that of hives, which was still present seven days later and was attended with considerable itching. The symptoms gradually diminished in severity, the gastric symptoms being the most pronounced.

The action of oxalic acid seems to be directly as a stimulant to the uterine mucous membrane. It is, therefore, applicable to the treatment of amenorrhea of the anemic as well as of the plethoric type. Upon the pregnant uterus oxalic acid is capable of producing powerful uterine contractions which terminate in the expulsion of the product of conception. This was observed in two cases of early physiologic amenorrhea to which oxalic acid had been administered, the diagnosis of pregnancy not having been made.

Considering the fact, therefore, that oxalic acid, even when administered in fractional doses, is capable of producing toxic symptoms, and bearing in mind its powerful abortifacient properties, we should be guarded in recommending it as a safe remedy. I consider it a valuable drug in the treatment of amenorrhea, but one that should be given guardedly, carefully watched, and only prescribed when the diagnosis of pregnancy has been excluded.



